

Division of Health Care Facilities

PRINTED: 07/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BAPTIST HEALTH CARE CENTER

700 WILLIAMS FERRY RD
LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the physical environment in a manner that the safety and well-being of the residents are assured.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director and administrator on 7/22/15 at 9:00 AM and 3:30 PM revealed tarps were placed on the roof in 2 places to help prevent the roof from leaking due to damage from a recent storm.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/22/15.</p>	N 831	<p>N831 1200-8-6-.08 (1) Building Standards</p> <ol style="list-style-type: none">1. Bid received and approved to repair damage to roof from recent storm on 8-7-15. Work scheduled and to be completed by RLI roofing company.2. Visual audit of the roof by maintenance director resulted in no other deficient practice.3. Maintenance Director will inspect the roof for damage after storms to assess for any areas that need repair.4. Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers.	8/27/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0390

YP6Y21

If continuation sheet 1 of 1